FEE TRANSMITTAL

Complete if Known				
Application Number				
Filing Date				
First Named Inventor	DI SALVO			
Group Art Unit	3761			
Examiner Name	M. M. KIDWELL			
Attorney Docket Number	PPC-813 DIV			

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	3 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	1-3=	0	x 86.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$290.00	
			TOTAL FEES	\$ 770.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/PPC813/JAR in the amount of \$770.00. Three copies of this sheet are enclosed.
- ☐ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/PPC813/JAR. Three copies of this sheet are enclosed.

SUBMITTED E	BY:			Complete (if applicable)
Typed or				
Printed Name	JOEL A. ROTHFUS			Reg. No. 33,277
Signature	ma	Date: 4	-16-04	Deposit Account No. 10-0750